10/22/2008 13:46

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER CITY A **STATE** ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 04 2008 NC Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 10 22 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Page 2 Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC D D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand 2008 102620.76 January 1 (b) Cash on Hand at 111981.88 Begining of Reporting Period 4002.86 47618.36 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 115984.74 150239.12 6(a) and 6(c) for Column B) 20000.00 54254.38 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 95984.74 95984.74 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

0 1 1^D5 м м 1 0 м м 1 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 37353.97 3923.52 (i) Itemized (use Schedule A) 79.34 8887.97 (ii) Unitemized (iii) TOTAL (add 4002.86 46241.94 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 4002.86 46241.94 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 163.48 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1000.00 Political Committees 17. Other Federal Receipts 0.00 212.94 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 4002.86 47618.36 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 4002.86 47618.36 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)
Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating	Expenditures:			
Activit	d Federal/Non-Federal y (from Schedule H4) Federal Share	0.00	0.00	
(1) 1	euerai Share			
()	Ion-Federal Share	0.00	0.00	
. ,	Federal Operating	0.00	54.38	
•	ditures Operating Expenditures	0.00	J-1.00	
	21(a)(i), (a)(ii) and (b))	0.00	54.38	
	o Affiliated/Other Party			
Committee 3. Contribution	S	0.00	0.00	
Federal Ca	ndidates/Committees Political Committees	20000.00	54200.00	
•	nt Expenditure	0.00	0.00	
use Scheo) 5. Coordinate	dule E)d Expenditures Made by Party	0.00	0.00	
Committee (use Sched	s (2 U.S.C. 441a(d)) dule F)	0.00	0.00	
6 Ioan Bena	yments Made	0.00	0.00	
	le Contributions To:	0.00	0.00	
	duals/Persons Other Political Committees	0.00	0.00	
(b) Politic	al Party Committees	0.00	0.00	
(c) Other	Political Committees	0.00	0.00	
•	as PACs) Contribution Refunds	0.00	0.00	
` '	Lines 28(a), (b), and (c))	0.00	0.00	
9. Other Disb	ursements	0.00	0.00	
0 Federal Fl	ection Activity (2 U.S.C 431(20))			
	d Federal Election Activity			
(from S	Schedule H6)	0.00	0.00	
(i) Fed	deral Share	0.00	0.00	
(ii) "L	evin" Share	0.00	0.00	
	al Election Activity Paid Entirely	0.00	0.00	
	Federal Funds			
, ,	Federal Election Activity (add s 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1. Total Disb	ursements (add Lines 21(c), 22,			
23, 24, 25	, 26, 27, 28(d), 29 and 30(c))	20000.00	54254.38	
2. Total Fed	eral Disbursements			
	Line 21(a)(ii) and Line 30(a)(ii)			
Comment to a	31)	20000.00	54254.38	

DETAILED SUMMARY PAGE

Page 5

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4002.86	46241.94	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4002.86	46241.94	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	54.38	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	163.48	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-109.10	

FE6AN026

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X 11a
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any peusing the name and address of any political committee. GHOSPITAL AUTHORITY/CAROLINAS HEA	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. George E Battle Mailing Address 11516 Fox Hill City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	Drive State Zip Code NC 28269 C Occupation ATTY Aggregate Year-to-Date ▼ 208.40	Date of Receipt M M M / D D / 2008 Transaction ID: SA11AI.6190 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky Mailing Address 2214 Cumberla City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State Zip Code NC 28203 C Occupation PHYS Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / 2008 Transaction ID: SA11AI.6203 Amount of Each Receipt this Period 50.00 Payroll Deduction \$50 monthly
Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Mailing Address 6503 Elfreda F City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M M O 1 2008 Transaction ID: SA11AI.6223 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (or	itional)	91.68

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTH	ORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr			Date of Receipt
	Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y Y Y 10 0 1 2008
	City	State	Zip Code	Transaction ID: SA11AI.6201
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.84 monthly
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 208.40	
	Other (specify)		200.40	_
- 3.	Full Name (Last, First, Middle Initial) Mr. Augie M Campanello	•		Date of Receipt
	Mailing Address 1900 Scott Avenue			10 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6198
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.84 monthly
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		208.40	
-).	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt
	Mailing Address PO Box 550934			10 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6238
	Gastonia	NC	28055-0934	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$35 mon- thly
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		350.00	
Г				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2501 Sedley Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	State Zip Code NC 28211 C Occupation ADMIN	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 833.40	
Full Name (Last, First, Middle Initial) Mr. David M Ellerbe Mailing Address 2610 Tanglewood La	ne	Date of Receipt M M
City	State Zip Code	Transaction ID: SA11AI.6208
Charlotte FEC ID number of contributing federal political committee.	NC 28211	Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84
Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date 208.40	monthly
Full Name (Last, First, Middle Initial) Dr. Leonard G Feld Mailing Address 11310 Ballantyne Cro	ossing Av	Date of Receipt
City	State Zip Code	1 0 0 1 2 0 0 8 Transaction ID: SA11AI.6189
<u>Charlotte</u>	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$20.84 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
	•	125.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
Mailing Address 6836 Alexander Road			10 01 7 2008
City	State	Zip Code	Transaction ID: SA11AI.6225
Charlotte	NC	28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$83.34 monthly
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		833.40	
Full Name (Last, First, Middle Initial) Mr. Paul S Franz	•		Date of Receipt
Mailing Address 1320 FILLMORE AVE	ENUE #413		10 01 2008
City	State	Zip Code	Transaction ID: SA11Al.6191
<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4166.70	
Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin			Date of Receipt
Mailing Address 6028 Alexa Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6220
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.84 monthly
Receipt For:	- 	e Year-to-Date ▼	
Primary General Other (specify) ▼	33 1344	208.40	
SUBTOTAL of Receipts This Page (optional))	520.85

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eacl	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSIFED PAC	e name and address of an	y political committee to s	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Drive)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip C		Transaction ID: SA11AI.6230
	Denver	NC 2803	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 416.70	
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett Mailing Address 7733 Compton Court			Date of Receipt
	City	State Zip C	ode	1 0 0 1 2 0 0 8 Transaction ID: SA11Al.6229
	Charlotte	NC 2827		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$41.67 monthly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 416.70	
-).	Full Name (Last, First, Middle Initial) Dr. Robert V Higgins Mailing Address 7112 Fairway Vista D	ive		Date of Receipt
	City.	State 7in C	ada	10 01 2008
	City <u>Charlotte</u>	State Zip C NC 2822		Transaction ID: SA11AI.6227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$25 mon- thly
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	ı		108.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	Statements may not be sold or used by any personen name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Mailing Address 8304 Indigo Row City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 Forest Hill Circle City Rutherfordton FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State Zip Code NC 28139 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert M Keener Mailing Address 625 Club Drive City Stanley FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State Zip Code NC 28164 C Occupation ADMIN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		66.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALTH	solicit contributions from such committee.
FED FAC Full Name (Last, First, Middle Initial) Mr. Scott W Kerr Mailing Address 2027 Ferncliff Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 0 8 Transaction ID: SA11AI.6199 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
Full Name (Last, First, Middle Initial) Mr. John J Knox Mailing Address 6530 Boykin Spaniel City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) ▼	Road State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date 416.70	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M C D D C 2008 Transaction ID: SA11Al.6214 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (optional)	>	87.51

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and ad Full)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middl Mr. W. Spencer Lilly Mailing Address 9306 Co	pans Glen Lane	Zip Code	Date of Receipt M
Huntersville FEC ID number of contributi federal political committee.	ng C	28078	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.40	Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middl Donna Lockhart Mailing Address 1341 E. Suite 10 City Charlotte FEC ID number of contributi federal political committee.	Morehead St. State NC	Zip Code 28204	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Carolinas HealthCare System Receipt For: Primary Other (specify) ▼			Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middl Mr. James T McDeavitt Mailing Address 826 Berl	,		Date of Receipt
City Charlotte FEC ID number of contributi federal political committee.	State NC	Zip Code 28203	Transaction ID: SA11AI.6232 Amount of Each Receipt this Period 166.67
Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Gen	Aggregate	e Year-to-Date ▼ 1666.70	Payroll Deduction \$166.67 monthly
SUBTOTAL of Receipts This I	Page (optional)		270.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles P McKay Mailing Address 4735 Parview Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General	State NC C Occupatio PHYS Aggregate	Zip Code 28226 on e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Russell W Moore Mailing Address 15731 Pine Street City Huntersville FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) Other (specify)	State NC C Occupatio ADMIN Aggregate	Zip Code 28078	Date of Receipt M M M / D D / 2008 Transaction ID: SA11Al.6192 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67
Full Name (Last, First, Middle Initial) Mr. Scott J Moroney Mailing Address 7255 Willow Brook C City Denver FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State NC C Occupatio ADMIN	Zip Code 28037 In e Year-to-Date ▼	Date of Receipt M M M / D D / 2008 Transaction ID: SA11AI.6228 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
SUBTOTAL of Receipts This Page (optional))	91.67

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one) X
NAME OF CO	OMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
FED PAC	TE-MECKLENBURG HOSF	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Mr. James C C				Date of Receipt
Mailing Addre	ess 5900 Summerston Pla	ice		10 01 2008
City		State	Zip Code	Transaction ID: SA11AI.6219
<u>Charlotte</u>		NC	28277	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		100.00
Name of Emp CarolinasHea	oloyer althCareSystem	Occupatio ADMIN	n	Payroll Deduction \$100 monthly
Receipt For: Primary Other (s	General	Aggregate	e Year-to-Date ▼ 1000.00	
Mr. Joseph G		1		Date of Receipt
Mailing Addre	ess 2028 Hopedale Avenu	е		M M / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
City		State	Zip Code	Transaction ID: SA11AI.6200
<u>Charlotte</u>		NC	28207	Amount of Each Receipt this Period
FEC ID numb federal politic	oer of contributing al committee.	C		400.00
Name of Emp CarolinasHea	oloyer althCareSystem	Occupatio ADMIN	n	Payroll Deduction \$400 monthly
Receipt For: Primary Other (s	General	Aggregate	e Year-to-Date ▼ 4000.00	
Full Name (La Mr. Roger A R	ast, First, Middle Initial) ay	1		Date of Receipt
Mailing Addre	ess 11029 Lederer Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.6188
<u>Charlotte</u>		NC	28277	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	С		333.34
	oloyer althCareSystem	Occupatio ADMIN	n	Payroll Deduction \$333.34 monthly
Receipt For: Primary Other (s	General General ▼	Aggregate	e Year-to-Date ▼ 3000.06	
	Receipts This Page (optional)	•		833.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ig the name and address of any political committee OSPITAL AUTHORITY/CAROLINAS HEAL	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence W Raymond Mailing Address 2539 Summerlake	⊋ Rd.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28226	Transaction ID: SA11AI.6207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	Payroll Deduction \$50 mon-thly
Full Name (Last, First, Middle Initial) Mr. F. Traylor Renfro Mailing Address 811 E Morehead S	Street Apt 3	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6231
Charlotte	NC 28202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 mon- thly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Kathy M Rhyne		Date of Receipt
Mailing Address 1001 Pier Point D		10 01 2008
City Belmont	State Zip Code NC 28012	Transaction ID: SA11AI.6187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20012	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
SURTOTAL of Receipts This Page (option	nal)	120.84

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any per sing the name and address of any political committee HOSPITAL AUTHORITY/CAROLINAS HEAL	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville Mailing Address 17235 Glassfield City Huntersville FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	State Zip Code NC 28078 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Michael L Rose Mailing Address 6901 Foxglove E City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	Orive State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard Mailing Address 5345 Hillingdon City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify)	Road State Zip Code NC 28226 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 0 8 Transaction ID: SA11AI.6215 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (opti	onal)	241.68

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	he name and add	lress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt Mailing Address P O Box 901			Date of Receipt 1 0 0 1 2 0 0 8
	City <u>Troutman</u>	State NC	Zip Code 28166	Transaction ID: SA11AI.6236 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer CarolinasHealthCareSystem Receipt For: Primary General Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 300.00	Payroll Deduction \$30 mon- thly
	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock Mailing Address 3466 Blue Jay Path			Date of Receipt 1 0 0 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.6209
	Fort Mill FEC ID number of contributing federal political committee.	SC	29708	Amount of Each Receipt this Period 20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$20.84 monthly
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40	
_	Full Name (Last, First, Middle Initial) Mr. John R Sullivan	-		Date of Receipt
	Mailing Address 1722 Bellamy Circle			10 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6194
	Albermarle FEC ID number of contributing federal political committee.	C	28001	Amount of Each Receipt this Period 20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$20.84 monthly
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40	
	SUBTOTAL of Receipts This Page (optional)		I	71.68

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each car	tegory of the unmary Page Check only one
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold oring the name and address of any po	used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG FED PAC	HOSPITAL AUTHORITY/CAR	OLINAS HEALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
Mailing Address 2137 Dilworth Ro	ad East	10 01 2008
City	State Zip Code	Transaction ID: SA11AI.6202
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	4000.00
Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger		Date of Receipt
Mailing Address 2524 Flint Grove	Road	10 01 YYYYY 10 01 2008
City	State Zip Code	Transaction ID: SA11AI.6206
<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction \$20.84
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	208.40
Full Name (Last, First, Middle Initial) Ms. Laura J Thomas	I	Date of Receipt
Mailing Address 5019 Jarrell Cou	t	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6213
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	208.40
SUBTOTAL of Receipts This Page (opti-	onal)	441.68

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the illed Summary Page	FOR LINE NUMBER: PAGE 20 / 24 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	the name and address of	any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood Mailing Address 18324 Turnberry Co	ourt		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Davidson		Code 036	Transaction ID: SA11AI.6197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$41.67 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner Mailing Address 4301 Morrowick Ro	ad		Date of Receipt 10 01 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State Zip	Code	Transaction ID: SA11AI.6210
Charlotte	NC 28	226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$41.67 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	'		Date of Receipt
Mailing Address 9526 Greyson Ridg	e Drive		10 01 2008
City	·	Code	Transaction ID: SA11Al.6235
Charlotte FEC ID number of contributing federal political committee.	NC 28	277	Amount of Each Receipt this Period 41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$41.67 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (optional	l)		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 24 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	l y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins			Date of Receipt
Mailing Address 6417 Seton House La	ane		10 01 2008
City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6222 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20211	83.34
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$83.34 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.40	
Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones Mailing Address 5522 Challis View Ln			Date of Receipt 1 0 0 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.6216
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Hospital	n Admin SVP Operations	Payroll Deduction \$150 monthly
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Zachary J Zapack			Date of Receipt
Mailing Address 1800 Camden Road Suite 107, #214			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.6196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer Carolinas HealthCare Syst- em		Administrator	Payroll Deduction \$416.67 monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4166.70	
SUBTOTAL of Receipts This Page (optional)			650.01
			3923.52

	CHEDULE B (FEC FOIII 3X)	Use separate sched	lule(s) (check	NE NUMBER: PAGE 22 / 24 only one)
	EMIZED DISBURSEMENTS	for each category of Detailed Summary F	Page 21b	22 X 23 24 25 28 28a 28b 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC			
	Full Name (Last, First, Middle Initial) Hayes for Congress Mailing Address Post Office Box 2000			Transaction ID: SB23.6243 Date of Disbursement 100 07 7 2008
	City Concord	State Zip Code NC 28026		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name		011 Category/	5000.00
	Robert Cannon Hayes Office Sought: X House Senate President State: NC District: 08	Primary X Ger Other (specify)		
	Full Name (Last, First, Middle Initial) Heath Shuler for Congress			Transaction ID: SB23.6248 Date of Disbursement 1 0 0 7 2 0 0 8
	Mailing Address PO Box 8446 951 Old Fairview Road			10 07 2008
	City Asheville	State Zip Code NC 28803	,	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name Heath Shuler		011 Category/ Type	2500.00
	Office Sought: X House Senate President State: NC District:	Primary X Ger Other (specify)	3	
	Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee			Transaction ID: SB23.6249 Date of Disbursement
	Mailing Address PO Box 36831			10 M / D D / Y 2008 Y
	City Charlotte	State Zip Code NC 28236		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name MEL WATT		011 Category/	2500.00
		Primary X Ger Other (specify)		
				10000.00

TEMESTER BIODUROSMENTO	Use separate schedule			check		one)	п.			·GE	23 / 2	.4
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĺ	21b		22	Χ	23	24		25	26
Any Information copied from such Reports and State	ements may not be sold or u	sed by	ar	27 ny pers	on for	the pu	rpos	28b e of so	liciting co	ontrib	29 outions	30
or for commercial purposes, other than using the na	me and address of any polit	ical com	nn	nittee to	solic	it contri	ibuti	ons fro	m such o	comn	nittee	
NAME OF COMMITTEE (In Full)												
CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTHORITY/CARO	LINAS	3 F	HEAL ⁻	THC	ARE S	YS ⁻	TEM E	EMPLO'	YEE	S	
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB23.	624	0	
Mike McIntyre for Congress								sburse				
Mailing Address PO Box 1						10	М	0	7 /	ž	0 0 8	Y
City	State Zip Code					Amou	nt of	Each	Disburse	ement	t this P	eriod
Lumberton	NC 28359	-								25	00.00)
Purpose of Disbursement Campaign Contribution			0	11	1	-	_				00.00	
Candidate Name			i	egory/	-							
Mike McIntyre				ype								
9 1	sement For: 2008											
Senate President	Primary X Gener Other (specify)	al										
State: NC District:	Other (specify)											
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB23.	624		
Myrick for Congress								sburse		.02-	•	
Mailing Address PO Box 37091						1 0	М	0	7 /	Ý	0 ŏ 8	Υ
Mailing Address PO Box 37091												
City Charlotte	State Zip Code NC 28237					Amou	nt of	Each	Disburse	ement	t this P	eriod
Purpose of Disbursement	110 20237		_							25	00.00	
Campaign Contribution			0	11						-		
Candidate Name				egory/	_							
Sue Myrick	2000		T	ype								
Office Sought: X House Disbur	sement For: 2008 Primary X Gener	al										
President	Other (specify)											
State: NC District: 09												
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB23.	623	9	
RICHARD BURR COMMITTEE							_	sburse				
Mailing Address POST OFFICE BOX 59	928					10	М	0	7	ž	0 0 8	Y
City WINSTON-SALEM	State Zip Code NC 27113					Amou	nt of	Each	Disburse	ement	t this P	eriod
Purpose of Disbursement	27110	Τ	_		_					5	00.00	
Campaign Contribution				11								_
Candidate Name RICHARD M BURR				egory/ ype								
Office Sought: House Disbur	sement For: 2010		•	,,,,								
x Senate	Primary X Gener	al										
President	Other (specify)											
State: NC District: 00												
SUBTOTAL of Disbursements This Page (optional	l)	<u></u>		. <u> </u>	<u> </u>					55	00.00)
					_							
TOTAL This Period (last page this line number only	y)			. 1								

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S	CHEDULE B (FEC Form 3)	Use separate schedule(s)		NUMBER: PAGE 24 / 24			
IT	EMIZED DISBURSEMENT		(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b			
	y Information copied from such Reports an for commercial purposes, other than using			· · ·			
NAME OF COMMITTEE (In Full)							
/	CHARLOTTE-MECKLENBURG HC FED PAC	SPITAL AUTHORITY/CAROLIN	IAS HEALTH	CARE SYSTEM EMPLOYEES			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6250			
	RICHARD BURR COMMITTEE			Date of Disbursement			
	Mailing Address POST OFFICE B	OX 5928		10 0 7 7 2 0 0 8			
	City WINSTON-SALEM	State Zip Code NC 27113		Amount of Each Disbursement this Period			
	Purpose of Disbursement Campaign Contribution		011	4500.00			
	Candidate Name RICHARD M BURR		Category/ Type				
	Office Sought: House X Senate President	Disbursement For: 2010 X Primary General					
	State: NC District: 00	Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	4500.00
TOTAL This Period (last page this line number only)	<u> </u>	20000.00